

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>09780532</u>	FILING DATE <u>02-09-11</u>					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3		2					53						
4		2					54						
5		2					55						
6		1					56						
7		1					57						
8		1					58						
9		2					59						
10		2					60						
11		2					61						
12		1					62						
13		1					63						
14	1						64						
15	1						65						
16	1						66						
17		2					67						
18		2					68						
19		2					69						
20		2					70						
21		2					71						
22		2					72						
23		2					73						
24		2					74						
25		1					75						
26	1						76						
27	1						77						
28		1					78						
29	1						79						
30	1						80						
31		2					81						
32		2					82						
33		2					83						
34		2					84						
35	1						85						
36	1						86						
37	1						87						
38	1						88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	13						TOTAL IND.						
TOTAL DEP.	43						TOTAL DEP.						
TOTAL CLAIMS	56						TOTAL CLAIMS						